Thomas Jefferson University Hospital
Jefferson Health System

THOMAS JEFFERSON UNIVERSITY HOSPITAL
EMERGENCY DEPARTMENT FINANCIAL FORI

Consent To Examination and Treatment: I hereby consent to any medical care that Thomas Jefferson University Hospital's staff deem appropriate for the diagnosis and treatment of my emergency medical condition. I understand that Thomas Jefferson University Hospital is an academic medical center and that students and trainees will be participating in my care, under appropriate supervision.

Financial Agreement: I, in consideration of the services to be rendered, acknowledges the obligation to pay the hospital and the physician in accordance with its regular rates and terms and, if the account is referred to an attorney or agency for collection, to pay attorney(s) fees and collection expenses. I agree to be responsible for charges not covered by insurance. It is understood that the obligation to pay the hospital and the physician may not be deferred for any reason, including pending legal actions against other parties to recover medical costs.

Assignment of Benefits: I hereby authorize payment directly to Thomas Jefferson University Hospital and/or any physician(s) providing medical services, for all hospital and medical benefits payable by my insurance carrier(s).

Acknowledgement of Receipt of Notice of Privacy Practices and Authorization to Release Health Information: By signing below, I acknowledge receipt of the Notice of Privacy Practices of Thomas Jefferson University ("TJU"), Thomas Jefferson University Hospitals, Inc. ("TJUH") and Jefferson University Physicians ("JUP") (collectively referred to as "Jefferson"). In addition, by signing below, I authorize Jefferson to disclose my health information in conformance with the provisions of the Notice of Privacy Practices.

Signature _____ Date 12-30-03

Inability to Obtain Acknowledgement: To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the reasons why the acknowledgement was not obtained:
✓ Individual Refused To Sign ____ Communication Barriers Prohibited Obtaining The Acknowledgement
____ An Emergency Situation Prevented Us From Obtaining The Acknowledgement ____ Other _____
Signature of Jefferson Representative: _____ Date: 12-30-03

For Medicare Patients: I have read the above and fully understand its content. I certify that the information given by me in applying for payment under Title IVIII of the Social Security Act is correct.

Signature (Patient or Authorized Representative) _____ Relationship to Patient

Signature of Witness _____ Date 12-30-03

++ Demographic Information ++

Med Rec #: 00850725 Account #: 022933958 Admit Date: 30Dec2003 Time: 16:33

Patient Information	Guarantor Information	Employer Information	Approvals
REVAK, Robert 143 RITNER ST PHILA ,PA Zipcode: 19148 Tele: (215)563-7793 Soc Sec #: DOB: 05/27/1937 Sex: M Fin Cls:S SELF PAY	REVAK , Robert 143 RITNER ST PHILA , PA 19148 (215)563-7793 Relat: SE	,	W/C Apprve: I/F? W/C Name: W/C Phone: HMO Apprve: HMO Name: HMO Phone: HMO Code:

++ Insurance Information ++

Plan #1 Name
SELF PAY INSURED TJUH
Group #: Pol #:N/A Grp Name/Employer:
Subscriber: REVAK , Robert Eff Date:

Plan #2 Name
Group #: Pol #: Grp Name/Employer:
Subscriber: , Eff Date:

Plan #3 Name
Group #: Pol #: Grp Name/Employer:
Subscriber: , Eff Date:

RECEIVED
JAN 9 6 2004
Health Information Management

MR# 00850725 Reg Date: 12/30/2003 Registrar: EVANSON, HISTER

CLINICAL FORM ONE EMERGENCY DEPARTMENT THOMAS JEFFERSON UNIVERSITY HOSPITAL

Treatment Area: _____
Name: REVAK, Robert .
Age: 66 DOB: 27May1937
Chief Complaint: FALL
Allergies: NKDA

Med Rec #:00850725 Account #:022933958
Sex: M Arr Dt: 30Dec2003 Tm: 16:33

TMP: RSP: PLSE: BP: / PULSE OX:
Triage Dt: Time: Severity Index: 0

Procedure Note Attached: (Y) / N Critical Care: Y / N Min: _____

Thomas Jefferson University Hospital
Jefferson Health System

EMERGENCY DEPARTMENT
PHYSICIAN NOTE

0018010397T

MR#
ENC#
NAME

RDeA

TIME | PHYSICIAN NOTE / CONSULT / HISTORY AND PHYSICAL / ORDERS

IN THIS SPACE

HepLock ☑
CBC ☐
SMA7 ☑
MVI Thiamine 100mg Folate 1g IVF NSS 200cc ☑
Etoh ☑
EKG ☐
CSpine ☑
CT Head ☐
Tetanus 0.5cc IM ☑

12/30/03
1035

DO NOT WRITE OR PRINT

BINDING MARGIN

0018-01 Rev. 3/97

PHYSICIAN'S SIGNATURE

Thomas Jefferson University Hospital
Jefferson Health System
Emergency Department Trauma Flow Sheet

NAME Revak, Robert G.
MR # 03706010 ENC # 0512837
00850725 022933958

Date:	Time of prenotification:	Time of trauma team activation:	Arrived from:	Time of incident:
12/30/03	☑ HASTE 1605 ☐ JeffStat ☐ Phone ☐ None	☐ Code 1 ☐ Code 9 ☐ Spinal Cord Trauma Transport	☑ scene ____ (provider) ☐ transfer from ____ Report from referring institution received: (time) ____ Phone Number: ____ RN:	Time of arrival: 1625

Prenotification/Transfer Report

witnessed fall key SOR (+) LOC (+) ETOH
fell from standing position Aaow in field [illegible]

Prehospital Data

Arrived via: ☑ Fire Rescue Medic 21 ☐ Trauma Alert ☑ Trauma Transport ☐ Ambulance ☐ Helicopter ☐ Police ☐ JeffStat ☐ Walk in

Mechanism of Injury: ☐ MVC est speed ____ ☐ Driver ☐ Passenger ☐ Front Seat ☐ Back Seat ☐ Estimated Speed ☐ Fatality in same vehicle ☐ Steering wheel deformity ☐ Rollover ☐ Ejection ☐ Extrication ____ min ☐ Extensive intrusion into passenger compartment

☐ Motorcycle ☐ Bicycle ☑ Fall Standing ~~feet~~ ☐ Pedestrian struck ☐ thrown ____ feet

☐ GSW ☐ Stabbing ☐ Assault ☐ Burn ☐ Electrical ☐ Thermal ____ % ☐ Other ____

Use of safety devices: ☐ 3 point seatbelt ☐ lap belt ☐ carseat ☐ air bag deployment ☐ helmet ☐ other ____

Prehospital treatment:

Immobilization: ☑ Longboard ☑ C-collar ☐ CID ☐ KED

Airway: ☐ Intubation ☐ Nasal airway ☐ Oral airway ☐ Cricothyrotomy ☐ Bag Valve Mask

O2: ☐ Nonrebreather ☐ NC ____ L/min ☑ Room Air

IV access: ____ G ____ (site) ____ G ____ (site) ____ G ____ (site) PH fluid intake ____ cc

Other: ☐ Needle decompression ☐ CPR ☐ Splint ____ ☐ Hare traction ☐ MAST trousers

Vitals: P 65 Unassisted RR 20 BP 107/64 O2 sat 97% Initial pain scale 6/10

Demographics

Race: ☑ Caucasian ☐ African American ☐ Asian ☐ Hispanic ☐ Native American ☐ Other: ____
Age: 40 Male
PMH: ☑ None ☐ Unknown ☐ HTN ☐ Diabetes ☐ CAD ☐ COPD ☐ Seizures ☐ Asthma ☐ Other: ____
PSH: ☐ Previous trauma ☐ Other: ____
Allergies: ☑ NKDA ☐ Unknown ☐ PCN ☐ Sulfa ☐ IVP dye ☐ Other: ____
Medications: ____ ☑ None ☐ Unknown
Last Tetanus: Unknown **LMP:** ☐ n/a ☐ ____
Weight: (burn and peds) ____

Trauma Team Response

	Name	Arrival Time	Consultants	Time of consult	Name	Arrival Time
ED Attending		1625	NSU			
ED PGY 2/3			Ortho			
Trauma Attending			Hand			
Trauma PGY4/5			PM&R			
OR			ENT			
Anesthesia			Other:			
Social services						
Chaplain						

Thomas Jefferson University Hospital
Jefferson Health System
Emergency Department Trauma Flow Sheet

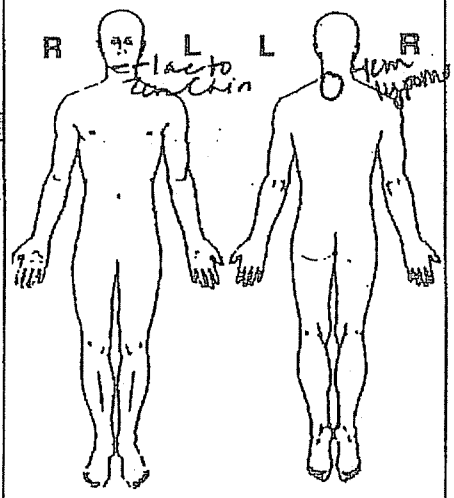
NAME Rwak, Robert G.
MR # ENC #
DOB 5/28/37
HR-00850725 022933958

Primary Survey by MD

Airway: ☑ patent ☐ oral airway ☐ nasal airway ☐ intubated ☐ oral _____ cm at lip ☐ nasal
Breathing: ☑ spontaneous _____ /min ☐ assisted _____ / min
O2: ☐ Nonrebreather ☐ NC _____ L/min ☑ Room Air
Circulation: ☑ Carotid pulse present ☑ Femoral pulse present ☑ Radial pulse present
Skin: ☑ pink ☑ warm ☐ dry ☐ pale ☐ cool ☐ moist
Cap refill: ☐ < 2 sec ☐ > 2 sec

Secondary Survey by MD

Head: ☑ intact ☐ deformity _____
Pupils: ☑ equal ☐ unequal R 4 (size) ☑ reactive ☐ nonreactive
L 4 (size) ☑ reactive ☐ nonreactive
TM: R: ☑ clear ☐ blood ☐ intact L: ☑ clear ☐ blood ☐ intact
Nares: R: ☑ clear ☐ blood ☐ CSF L: ☑ clear ☐ blood ☐ CSF
Neck: ☑ intact ☐ deformity _____ ☐ Tenderness ☐ JVD
☐ Tracheal deviation - L R
Chest: ☑ intact ☐ deformity _____ ☐ pain ☐ sub-Q air ☐ crepitus
Breath sounds: R: ☑ present ☐ decreased ☐ absent ☐ wheeze ☐ rales
L: ☑ present ☐ decreased ☐ absent ☐ wheeze ☐ rales
Abd: ☑ soft ☑ nontender ☐ tender _____ ☐ bowel sounds present ☐ distended ☐ rigid
Rectal tone: ☐ normal ☐ decreased ☐ absent
Heme ☐ negative ☐ positive
Pelvis: ☑ stable ☐ unstable
GU: ☐ blood at meatus ☐ scrotal swelling
Extremities: ☑ intact ☐ deformity _____ ☐ pain _____
☐ paresthesia _____
Peripheral pulses: LUE 5+ RUE 5+ LLE 5+ RLE 5+
Motor strength: LUE 5 RUE 5 LLE 5 RLE 5



Diagnostics

X-rays: Time started: 1635
☐ Cross table lateral c-spine
☐ CXR
☐ Pelvis
☑ Full c-spine
☐ Thoracic spine
☐ Lumbar spine
☐ Sacral spine
☐ Facial bones
☐ Other:

CT: Time started: 1705
☐ Head
☐ Neck
☐ Chest
☐ Abdomen
☐ Pelvis

MRI: Time started _____
☐ Head
☐ Spine

LABS: Time sent: 1630
☐ ABG ☑ CBC ☑ Chem 7 ☐ Coags ☐ Cr ☑ ETOH
☐ T&S ☐ T&C
☐ UA ☐ UDS ☐ Urine Pregnancy
☐ Other

Restraints: ☐ See Restraint Flowsheet

Procedures

IV access 18g	Site: LAC	Size: 18g 1630	
IV access	Site:	Size:	
Central Line	Site:	Size:	
Foley	Size:		
NG/OG	Size:		
Arterial Line	Site:	Size:	
Intubation	by ☐ ED ☐ Anesthesia ☐ Trauma size ____ ____ cm at lip		
Vent	Time Mode TV Rate FiO2 Peep	Time Mode TV Rate FiO2 Peep	Time Mode TV Rate FiO2 Peep
Cricothyrotomy	by:		
Chest tube ☐ Waterseal ☐ Suction	R	L	
Needle decompression	R	L	
Pericardiocentesis	by:		
Thoracotomy	by:		
F.A.S.T	(+) (-)		
DPL	by: (+) (-)		
Bair hugger			

Thomas Jefferson University Hospital

Jefferson Health System

Emergency Department Trauma Flow Sheet

NAME

MR # ENC #

DOB

MR-00850725 022933958

Time	Temp	HR	Unassisted RR	BP	Pain 0-10	Pupils L/R	GCS Eyes	GCS Verbal	GCS Motor	GCS Total	MOTOR LOWER LEFT	MOTOR LOWER RIGHT	MOTOR UPPER LEFT	MOTOR UPPER RIGHT
1625		45	20	107/64	0 /10		4	5	6	15	5	5	5	5
1645		109	18	127/95	/10		4	5	6	15	5	5	5	5
1720		72	20	107/62	/10		4	5	6	15	5	5	5	5
1810		68	20	105/60	/10		4	5	6	15	5	5	5	5
1930		68	20	110/60	/10		4	5	6	15	5	5	5	5
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Intake Time	Amount hung	Amount infused	Blood product	PO	Output Urine	NG	CT	Emesis
					800cc			
TOTAL								

GCS

EYES OPEN	
SPONTANEOUS	4
TO VOICE	3
TO PAIN	2
NONE	1
VERBAL RESPONSE	
ORIENTED	5
CONFUSED	4
INAPPROPRIATE WORDS	3
INCOMPREHEN	2
NONE	1
MOTOR RESPONSE	
OBEY COMMAND	6
LOCALIZES PAIN	5
WITHDRAWS (PAIN)	4
FLEXION (PAIN)	3
EXTENSION (PAIN)	2
NONE	1

MOTOR

S - STRONG
M - MODERATE
W - WEAK
A - ABSENT
P - PARALYZED
T - INTUBATED

Medications: Medication/Dose	Time	Medication/Dose	Time
dT lot # U10114A expiration 8/2005	1635/IVA	MVI IV	1645
		Thiamine 100mg IV	1645
		Folate 1gm IV	1645
		PPI IV	1645

Thomas Jefferson University Hospital
Jefferson Health System
Emergency Department Trauma Flow Sheet

Son: 267-254-7935

NAME

MR # ENC #

DOB
00850725 02293395

Narrative

1625 Pt arrived via Medic 21 as Trauma Transport. witnessed fall from standing position (+) LOC (+) ETOH. Pt c longboard + C-collar in place. DR Griswald @ bedside to eval. Pt AAOx3 speech c/A to quest. Pt admits to 6-7 beers. GCS 15 strong motor strength B/L upper & lower ext. VSS. 18g PIV placed (L) AC — [illegible]
1630 - longboard removed Labs sent. — [illegible]
1635 C-spine xrays done. — [illegible]
1650 Report given to Betty D. RN — [illegible]
1700 Pt to CT scan of head via EDT — [illegible]
1730 - Back from CT, [illegible] Dr. [illegible] aware + will stitch [illegible] — [illegible]
1750 - Dr. [illegible] placed 3 stitches, under sterile conditions, [illegible] given, applied to wound. Pt. tol well. — [illegible]
1752 - Pt is AOX3 MAE'S. [illegible] head until clearance.
1755 - Pt. sat up twice, instructed that he must lay flat. Pt. [illegible] + [illegible] given (+) [illegible] while [illegible]
1930 Report rec'd, pt awaits 2° xray. Son at BS

☐ continued on additional nursing note

RN Signatures

Initials	Signature
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

Family Notification

Name: Margaret
Relationship: Wife
Telephone number: 215-408-7793
Notified by: [illegible]

Disposition

☐ Admit to ______ at ______
☐ Report called to ______ at (time) ______
☒ Home @ ______
☐ Discharge instructions reviewed
☐ Transfer to ______
☐ Morgue
☐ Valuables (See Patient Possession and Valuables checklist)
Discharge vital signs:
P ___ RR ___ BP ___ Pain Scale ___ /10
GCS ___ + ___ + ___ = ___

0018-04B (8/03) Pg. 4

Thomas Jefferson University Hospital
Jefferson Health System

* 0 1 3 8 D 0 0 . 0 4 D 3 *

MR# 850725
LW Acct#
Name Nevak, Robert
T-1

Complete or Imprint with Address-O-Plate

Procedure Note

Procedure Date 12/30/03 Time 6p

Procedure
chin lac repair

Practitioner(s)
A. Parikh
S. Grisewold

Site
Chin

Indications
1cm lac

Consent Signed and On Chart ☐ Yes ☐ No ☒ Not Applicable

Pre-Procedure Preparations
irr NS irrigation
betadine prep
sterile technique

Anesthesia/Sedation ☐ IV ☒ Local ☐ IM ☐ P.O. ☐ Agent:
3cc of 1% Lido c epi

Findings/Outcome (Pressure readings, if applicable)
ø

Complications
ø - pt tol proc well

Specimen sent ☐ Yes ☐ No X-ray Confirmation Required ☐ Yes ☐ No

Notes
3 sutures c 6.0 ethilon to chin

Teaching physician must document the procedure on this form, in a progress note, or on the consultation report.

Resident/Practitioner Signature 12/30/03 Date 6p Time

By my signature I ceertify that I personaly performed or directly super the above procedure.

Teaching Practitioner Signature 12/30 Date

IMPORTANT: DO NOT WRITE IN MARGINS

Form 0138-00 (Rev. 4/03) Distribution: White/Medical Record Copy • Yellow/Physician Copy • Pink/Billing Copy

008300.0996

THOMAS JEFFERSON UNIVERSITY HOSPITAL
Jefferson Health System
DEPARTMENT OF RADIOLOGY
PRELIMINARY REPORT D.o.B. 5-27-37

☐ OUTPATIENT ☐ IN PATIENT ROOM # T1

PATIENT'S NAME: Revak, Robert PT. NO. 850725

PHYSICIAN Gleason # TO BE CALLED

EXAM C-spine DATE 12-30-3

☐ Normal ☐ No Interval Change
☐ NAD ☐ Old films NOT available for comparison

Trauma

					RADIOLOGIST
REPORT	BY	DATE	TIME	AM PM	TO WHOM

- slight asymmetry of lateral masses of C1 on C2, No evi of fx/listhesis
PVSTS C2-C7, Rec repeat edoutoid.
DDD A's most severe C4-6

RDR

0083-00 (REV. 9/95) WHITE COPY - TO PATIENT'S FLOOR. YELLOW COPY - ATTACH TO REQUEST. PINK COPY - KEEP IN CORF

Thomas Jefferson University Hospital
Jefferson Health System

THOMAS JEFFERSON UNIVERSITY HOSPITAL
CLINICAL and ANATOMIC PATHOLOGY / 215-955-0997
DIRECTOR, FRED GORSTEIN, M.D.

EMERGENCY DEPARTMENT
THEODORE CHRISTOPHER MD
1ST FLOOR MAIN BLDG
PHILA PA 19107-5244

PATIENT REVAK,ROBERT

AGE 66Y SEX M DOB: 05/28/1937
MR No. 850725 ACCT No. 22933958

********** COMPLETE BLOOD COUNT (CBC) **********

	DATE: 12/30/03 TIME: 1646 LOC: ED	REF RANGE	UNITS
WBC	8.9	4-11	B/L
RBC	4.91	4.5-6.0	T/L
HGB	15.4	14.0-17	g/dL
HCT	45.2	42-52	%
MCV	92	80-94	fL
MCH	31.4	27-32	pg
MCHC	34.1	32-36	g/dL
RDW	13.0	11.5-14.5	%
PLT	248	140-400	B/L
MPV	10.4		fL

********** DIFFERENTIAL, AUTOMATED **********

	DATE: 12/30/03 TIME: 1646 LOC: ED	REF RANGE	UNITS
Neut	54.1	40-73	%
Lymph	37.7	20-44	%
Mono	6.4	3-13	%
Eos	1.2	0-6	%
Baso	0.6	0-3	%
Abs Neut	4.84	1.7-7.0	B/L
Abs Lymph	3.37	1.0-4.0	B/L
Abs Mono	0.57	0.2-0.9	B/L
Abs Eo	0.11	0.1-0.5	B/L
Abs Baso	0.05	0-0.2	B/L

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PATIENT REVAK,ROBERT

AGE 66Y SEX M DOB: 05/28/1937
MR No. 850725 ACCT No. 22933958

********** COAGULATION **********

TEST:	Protime	International Normalized Ratio	PTT
UNITS:	sec		sec
RANGE:	13.4-15.8	0.88-1.12	22-36
12/30/03 1646	14.4 NVMS	0.98 VWUR	30 RHT7

********** BASIC METABOLIC PANEL/CHEM 7 PANEL **********

	DATE: 12/30/03 TIME: 1646 LOC: ED	REF RANGE	UNITS
Sodium	136	135-146	mmol/L
Potassium	3.8	3.5-5.0	mmol/L
Chloride	99	98-109	mmol/L
CO2	25	24-32	mmol/L
Anion Gap	12	4-16	mmol/L
Urea-N	9 L	10-26	mg/dL
Glucose	110	60-110	mg/dL
Creatinine	0.7	0.7-1.4	mg/dL
Calcium	9.2	8.5-10.5	mg/dL

---FOOTNOTES---
NVMS PLEASE NOTE THE NEW REFERENCE RANGE FOR THIS RESULT.
RHT7 RECOMMENDED THERAPEUTIC RANGE IS 68 TO 88 SECONDS.
VWUR THERAPEUTIC RANGE OF 2.0 TO 3.5 VARIES WITH THE UNDERLYING REASON FOR WARFARIN (COUMADIN) THERAPY.

Thomas Jefferson University Hospital
Jefferson Health System

THOMAS JEFFERSON UNIVERSITY HOSPITAL
CLINICAL and ANATOMIC PATHOLOGY / 215-955-0997
DIRECTOR, FRED GORSTEIN, M.D.

EMERGENCY DEPARTMENT
THEODORE CHRISTOPHER MD
1ST FLOOR MAIN BLDG
PHILA PA 19107-5244

PATIENT REVAK,ROBERT

AGE 66Y SEX M DOB: 05/28/1937
MR No. 850725 ACCT No. 22933958

********** MISCELLANEOUS DRUGS **********

TEST:	Alcohol
UNITS:	mg/dL
RANGE:	NEG
12/30/03 1646	231*

END OF REPORT FINAL EPISODE REPORT PAGE 3

EMERGENCY DEPARTMENT REPORT

PATIENT: REVAK,ROBERT
x=NEW DATA THIS REPORT H, L, OR *=ABNORMAL RESULT PRINTED 12/31/2003 00:13

0480-05 (REV. 1/03)

850725 12/30/2003 12:21:02 ROBERT NEVAK TJU EMERGENCY DEPT

06 years Male

Rate ... Normal P axis, PR, rate & rhythm
PR ... P > 0.25 mV
QRSD ... Low volt... P & QRS axis rightward
QT ... I waves -.10 mV I,aVL,V5,V6
QTc ...

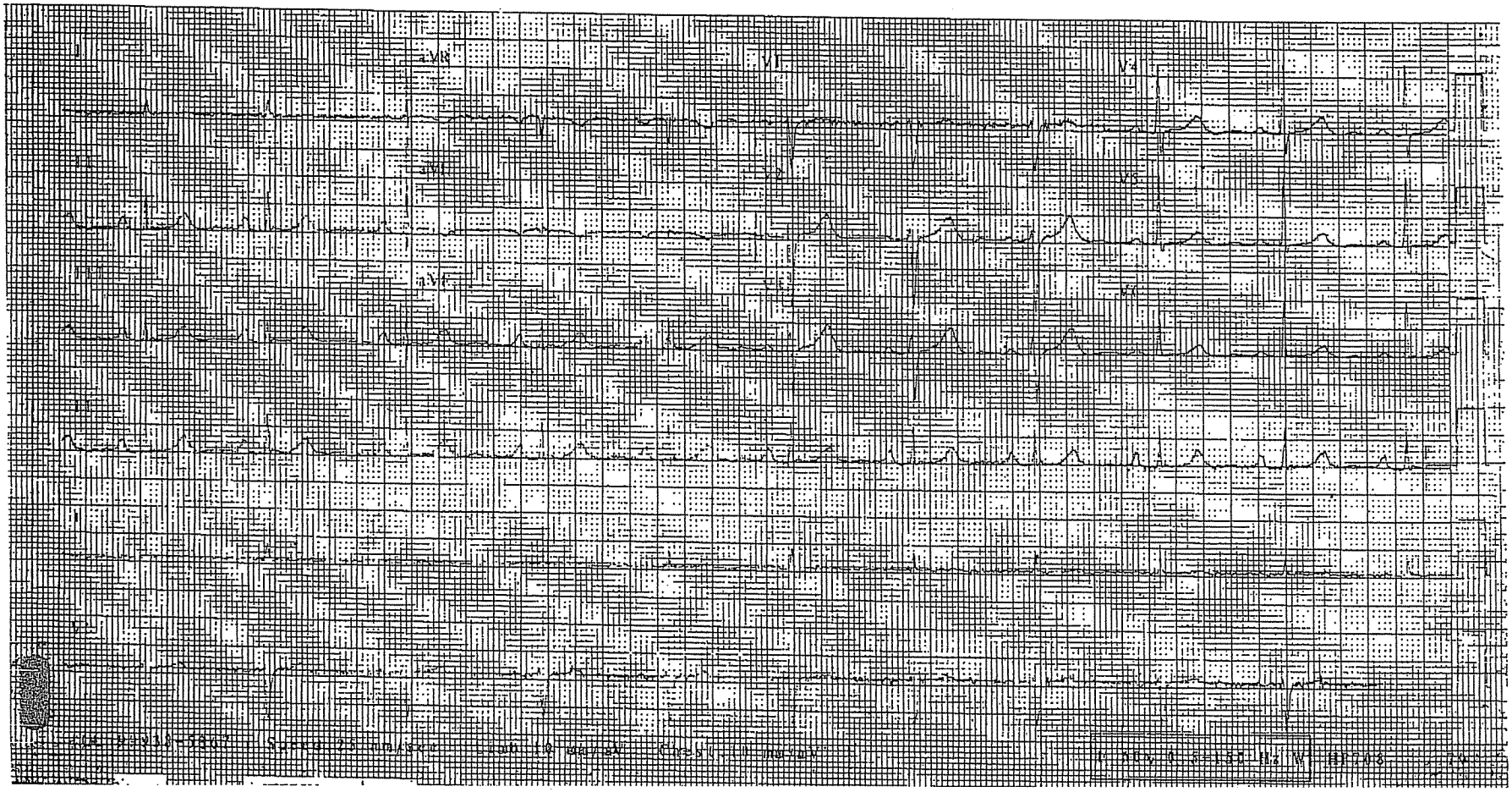
AXIS
P
QRS
T

REASON
FAI

Requested by:
MD

ABNORMAL ECG

PRELIMINARY-MD MUST REVIEW



550725 12/13/2003 17:21:02 ROBERT NEVAK

66 years Male

TJU EMERGENCY DEPT

Room: T1
Oper: FLD

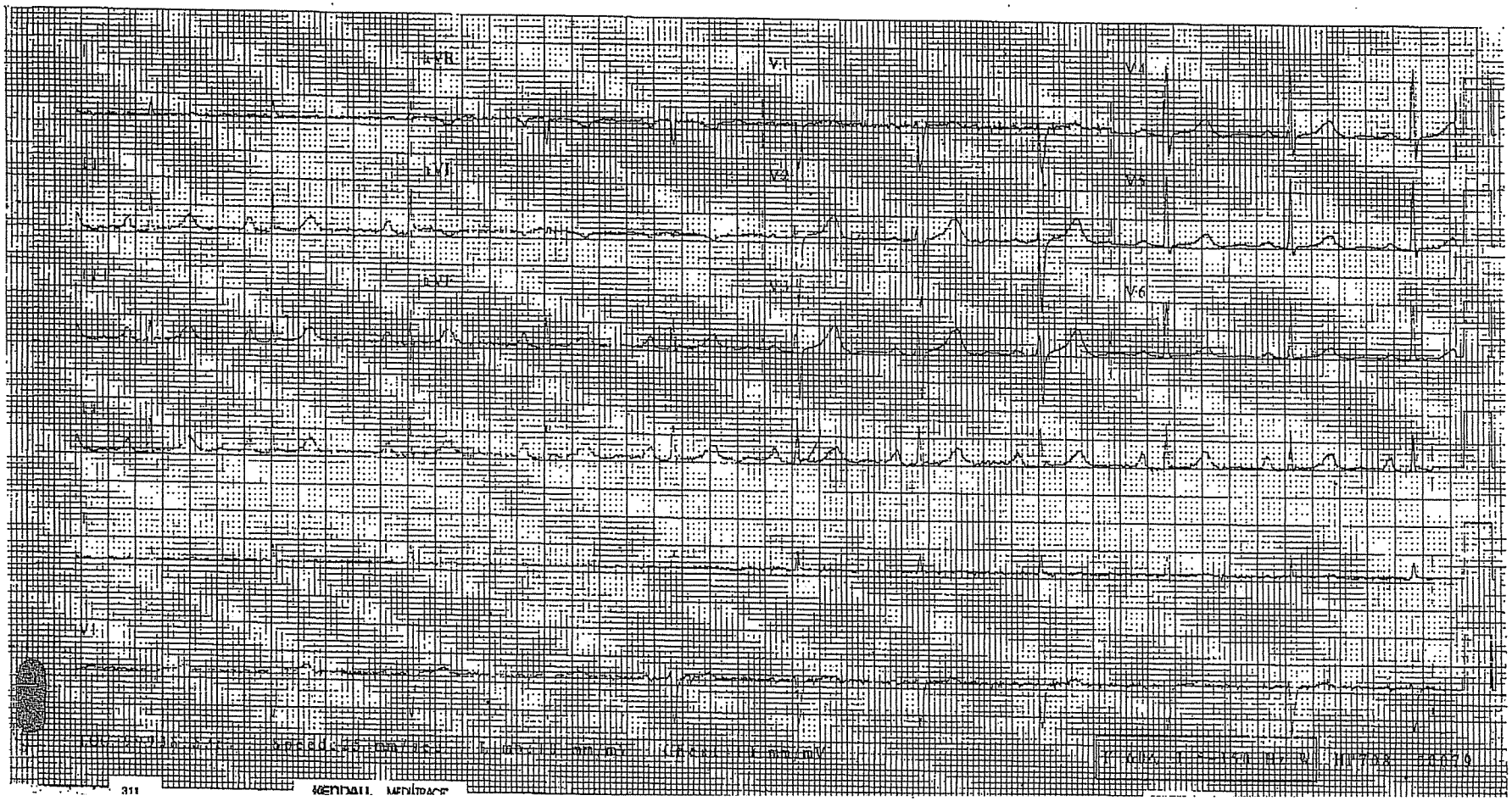
Rate	66	Normal P axis, PR, rate & rhythm	REASON
PR	164	P > 0.25 mV	FALL
QRSD	78	Low volt., P & QRS axis rightward	
QT	436	I waves -.10 mV I,aVL,V5,V6	
QTc	456		

AXIS	
P	87
QRS	15
T	12

Requested by:
MD

ABNORMAL ECG

PRELIMINARY-MD MUST REVIEW



Thomas Jefferson University Hospital - Emergency Department
111 S. 11th Street Philadelphia, PA 19107
(215) 955-6840
Patient: Robert REVAK, Date: 12/30/2003 Time: 21:58
Discharge Instructions **medical record #00850725**

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should **follow the instructions below.**

You were treated today by Sharon Griswold, MD.
Patients with HMO must obtain approval from their primary care physician prior to any follow-up.

We are required by state and federal law to report certain conditions and diagnoses to the appropriate officials. If you have any questions rearding this, please ask your physician or nurse.

THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE
Please return to the Emergency Department in 5 days FOR SUTURE REMOVAL.

Call as soon as possible to make an appointment to see your doctor in IF NEEDED. You can reach your doctor by calling their clinic phone number.

THIS INFORMATION IS ABOUT YOUR DIAGNOSIS
VASO-VAGAL SYNCOPE (Fainting,) or ORTHOSTATIC HYPOTENSION
Fainting happens when your blood pressure falls for a short time. It comes back up to normal after fainting. Fainting is more likely if you are tired or if you are low on fluids (dehydrated). This can happen with infections and other illnesses. It can also happen when one changes positions quickly. It will not harm you unless you fall when you faint and hit something hard.

Do the following:
- Sit down or lie down if you feel faint or dizzy.
- Sit or stand up slowly.
- Drink extra liquids. Try to drink 8 large glasses of water or juice each day.

Call your doctor if you have:
- a lot of fainting.
- any new or severe symptoms.

HEAD INJURY
A head injury shakes up the brain inside its protective skull. Examination of your brain and nerves was normal. Sometimes, though, problems can show up later.

Follow these instructions:
- Rest quietly for about 1 day.
- Eat simple foods, such as soup and other liquids.

Thomas Jefferson University Hospital - Emergency Department
111 S. 11th Street Philadelphia, PA 19107
(215) 955-6840
Patient: Robert REVAK, Date: 12/30/2003 Time: 21:58

- **Do Not Drink Alcohol!**
- Have someone else watch you for the problems listed below (someone who does not have an injured head).
- Have them wake you to check for symptoms every 2 hours.

Call your doctor if you have:

- repeated or persistent vomiting.
- headache which worsens or lasts more than 1 day.
- unequal pupils (one large and one small).
- difficulty seeing.
- difficulty walking or using your arms.
- dizziness, confusion, or loss of consciousness.
- difficulty being awakened.
- bleeding or drainage of fluid from the nose or ears.
- slurred speech.
- new or worsening neck pain.
- any new or severe symptoms.

IF YOU CANNOT REACH YOUR DOCTOR, CALL OR RETURN TO THE EMERGENCY DEPARTMENT.

WOUND CARE (with stitches).
The laceration was closed with stitches. You have 5 stitches. This (these) should be removed in 5 days.

Do the following:

- Keep the dressings clean and dry for 24 hours.
- After 24 hours gently wash the wound daily with soap and water.
- Keep the wound above the level of your heart, if you can, for the first few days. This will reduce throbbing and help healing.

Call your doctor if you have:

- increased redness, swelling or pain.
- pus, drainage or red streaks from your wound.
- fever.
- any new or severe symptoms.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **call or visit your doctor right away.** If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

Robert Revak Son

Thomas Jefferson University Hospital - Emergency Department
111 S. 11th Street Philadelphia, PA 19107
(215) 955-6840
Patient: Robert REVAK, Date: 12/30/2003 Time: 21:58

Robert REVAK or Responsible Person

Robert REVAK or Responsible Person has received this information and tells me that all questions have been answered.

RN or MD Signature

